

MILWAUKEE
MILW CO REG 5 W-2,GOODWILL-EMPLOY SOLUTN
1812 W OVERTURE AVF,
MILWAUKEE WI 53205

State of Wisconsin

Questions: Ask your worker.

Date: 04/05/2004
Case Name: JIMMY JOHNSON
Case Number: 0000516007
Worker Name: ELIZABETH ROBINSON
Worker Number: JX2328
Telephone: (608)283-3030

JIMMY JOHNSON
433 W WASHINGTON AVE
MADISON WI 53704 2703

IMPORTANT: REQUEST FOR HEALTH INSURANCE VERIFICATION

We have received information that JIMMY JOHNSON is working at
A & B BUILDERS LTD. This job may impact your household's eligibility.

We need the employer to tell us what kind of health insurance coverage you and your family may be able to get
through this job. We need this information to determine eligibility of your family for BadgerCare.

Please take the enclosed form to the employer to complete. The employer or a representative of the employer must
complete and sign the enclosed form. Once the employer has completed and signed this form, you must return it to:
The State of Wisconsin, P. O. Box 6530, Madison WI, 53716-0530 by 04/09/2004.

If you do not return this form, your BadgerCare benefits will stop or your application for BadgerCare will be denied.

Contact your case worker, whose name and phone number appear above, if you have questions or any problems getting the
information from the employer. Even if JIMMY JOHNSON
no longer works at this job or you think this information is wrong, you must contact your caseworker by the date listed above.